THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 3, 1883.

Original.

PERINEPHRITIC ABSCESS.

Clinical Lecture at the Louisville City Hospital.

BY J. W. HOLLAND, M. D.

[Reported by W. C. Lipscomb.]

This patient, Burk, age thirty-five years, as you see, walks with a limp. The left thigh is slightly flexed on the pelvis, and his body bent forward, inclining toward the left. He entered our ward a few days ago complaining of a dull, deep-seated pain in the left lumbar region. He dates the beginning of his present trouble as far back as last March, when he was seized with pain in the left side and groin, which pain did not leave him for four weeks. He further informs us that he has had repeated attacks like it, which come on suddenly, often with nausea and chilliness, last a few hours or days, and then suddenly disappear.

Mark the locality and the character of the pain. If he were a woman a question of ovarian neuralgia might arise. As it is, we can come to but one conclusion, and that is that he has been subject to nephritic colic.

For some years, at irregular periods of three weeks or more, some solid mass has passed down the ureter, causing the sudden griping pain in the left groin, the chilliness and nausea. He has often observed a red color about his urine, though no gravel has been voided. After the colics he has noticed copious discharge of whitish urine. The attack of last March was of much longer duration than any previous one; the colic slowly ceased, and in its place a sore feeling was left. He shortly became aware of a tender swelling in the left side. This is the history of a case of nephritic colic ending in obstruction of the ureter. He says that for years he has had some uneasiness in the small of the back, and, on sudden jarring movement, an acute pain will strike him there. I have examined his urine and find it purulent. There are no bladder symptoms, no discharge in the intervals of micturition, and no tube-casts, hence I infer that the pus comes from the pelvis of the kidney and not from any other portion of the urinary tract. When he is stripped you perceive that the left ilio-costal interval is obliterated. I can not grasp the soft structures in the left side because of the construction and deformity. There is a slight difference of contour between the two loins, viewed from behind, but no fluctuation, redness, or "pointing" at the site of the tenderness. He informs us that there was a very decided lessening of pain and swelling about six weeks ago. This swelling was probably due to retention of the urine in the pelvis of the left kidney, and to the further formation of an abscess. That it was not simply hydro-nephrosis the following facts show: During last summer he suffered greatly from chills and night-sweats, and lost twenty-five pounds in weight. Under the circumstances these symptoms, hectic and emaciation, unmistakably indicate suppuration.

But you ask, What has become of the pus? Why does not the abscess point? My answer is that it did point, and did discharge itself at the time when the swelling and pain subsided. A nephritic abscess may discharge in many different directions. It may find an outlet through the abdominal parietes into the bowels, into the hip joint, below Poupart's ligament, into the bladder, into the pleura, or into a bronchial tube. About six weeks ago he had a slight cough, without expectoration, which lasted for a few days, and one night he awoke in a violent fit of coughing and expectorated a great quantity of matter, which he says came so fast that it almost choked him. This cough has continued since. It is decidedly worse when he lies on the back or left side. The sputum is purulent and very unpleasant in odor; not exactly urinous, but worse. He says that the cough brought relief to

his pain, and made walking easier. You inquire, What relation is there between the pylo-nephritis and his walking? Let me remind you of the anatomical relations of the kidney. Remember that it lies directly in front of the psoas muscle. When the perinephritic cellular tissue is inflamed or receives the contents of the ruptured pelvis of the kidney, every movement of the parts to which the muscle is attached causes pain. In consequence there is a reflex tonic contraction of that muscle, hence the limping, hence the bent thigh.

The obliteration of the ilio-costal interval is partly due to this, and partly also to the like action of the transversalis and the quadratus lumborum. I suppose that the abscess burrowed upward under the arch of the diaphragm and entered the thorax. As there was no pleuritic stitch then, and there is now no indication of pleuritic effusion, it is fair to infer that the pus kept to the mediastinal space. There is no dullness of the lower lobe of the left lung. In fact there are no abnormal pulmonary signs whatever, except moist râles in the larger bronchi. It is quite plain that the final irruption took place into the left bronchus. He is thin, sallow, cachectic, losing flesh day by day, and unless some other vent is found for the pus I fear that his lungs will not remain sound long. Hoping to strike the abscess and empty it by the loins, we introduced an aspirator needle for two and a half inches through the quadratus muscle at the point he indicated as the tenderest. It is not necessary to wait for fluctuation. With the assurance we already have of suppuration, it is advisable to evacuate the abscess through the least injurious channel, namely, the posterior abdominal wall, even if several inches of muscle must be penetrated to effect our object. We failed to reach the abscess in our explorations, which have at least done him no harm. The operation is back of the peritoneal reflection, so that there is no risk of peritonitis. For the present we will be content with the administration of tonics and supportives to neutralize the effect of the chronic discharge. He takes cod-liver oil with hypophosphites and whisky and nine grains of quinine daily. Warm fomentations are applied to the loins.

Perhaps the future may develop some new indication for surgical treatment by the pointing of the abscess externally.

Note. During the month of November, Dr. J. M. Holloway aspirated twice to a depth of three and four inches with negative results. In December the abscess broke into the bowels, yielding a great quantity of pus. Since then the cough and the limp have disappeared, and the patient has gained flesh and strength week by week.

LOUISVILLE, KY.

HEART-PUNCTURE AND HEART-SUTURE AS THERAPEUTIC PROCEDURES.*

BY JOHN B. ROBERTS, M.D.

It is more than probable that in a few years puncture of the heart-wall (cardicentesis), with direct abstraction of blood by aspiration, will be recognized as the best treatment in cases of greatly dilated or much distended right heart with intense pulmonary engorgement, and that incision of the pericardium with suture of the heart-muscle will be accepted as proper in cardiac wounds. Hence these latest novelties in cardiac surgery deserve the attention of the fellows of the college.

That punctures of the heart are comparatively harmless has been well known to many for some years. In 1872, Roger, while performing pericardicentesis on a child with pericardial effusion, thrust the needle into the right ventricle and withdrew about six and a quarter Troy ounces of pure venous blood. The boy, who was aged five years, became pale, sweated, and had an imperceptible pulse. The withdrawal of the pericardial fluid, accomplished prior to the heart injury, was beneficial, and the cardiac puncture did no permanent mischief, for the patient recovered. Death occurred five months later from long existing dilatation and valvular disease of the heart. (*Bull. de l'Académie de Médecine.*)

In Hulke's case (Trans. Clinical Society of London), a woman with pleuro-pneumonia was supposed to have large pericardial effusion, and a trocar was introduced through the fourth left intercostal space. Nothing escaped except a dram of venous blood, after which the patient seemed relieved of dyspnea. She died four weeks later from a complication of diseases, and the autopsy revealed cardiac dilatation and valvular changes.

I have said elsewhere (Paracentesis of the Pericardium), in commenting upon this case: "The abstraction of blood seemed to relieve the distended heart much better than

* From advance sheets of Transactions of the College of Physicians of Philadelphia.

phlebotomy would have done, as was evinced by the diminution of threatening symptoms and the decrease of the area of dullness."

Cloquet, Bouchut, Legros, and Onimus have also observed the apparent innocuousness of wounds of the heart made by capillary trocars. Steiner found, ten years or more ago, that electro-puncture needles could be quite safely introduced into either ventricle, provided they were at once withdrawn. (Med. Times and Gazette, from *Archiv. für klin. Chirurgie.*)

It has been considered less safe to puncture the auricles; but the interesting paper of Dr. Benj. F. Westbrook, just published in the Medical Record, seems to show that our fears are as unfounded as were those of our predecessors in regard to ventricular puncture. It is, in truth, to call attention to his case of harmless *intentional* cardicentesis and to his researches in the surgical anatomy of the operation, that I have been led to refer to the corroborative evidence of the cases mentioned above.

I have with much satisfaction, as have many others, done venesection at the bend of the arm for the temporary relief of the distressing symptoms of dilated heart, and for the dyspnea due to the pulmonary engorgement of acute pneumonia. If, however, a few *drams* of blood drawn directly from the heart give the relief that could only be afforded by taking a similar number of *ounces* from the veins of the arm, it seems proper to adopt the former measure. The subsequent circulatory depression from anemia would undoubtedly be less than after the latter operation.

It is manifestly necessary, however, to determine that cardicentesis is innocuous before it can take the place of venesection. The above-mentioned cases and Dr. Westbrook's experience tend to show that such is the fact.

Dr. Westbrook believes that the proper place to perform the operation is in the third costal interspace close to the *right* edge of the sternum. This situation enables the operator to tap the right auricle without injuring the right internal mammary vessels, and with little danger of striking the tricuspid valve. My own preference would be to perforate the ventricle of the right heart by introducing the needle through the fourth interspace, about one and a half to two inches to the *left* of the median line of the sternum. Dr. Westbrook's opinion, however, is entitled to more deference than mine, because he has studied the subject with special reference to cardicentesis, while my special investigations have been limited to the consideration of pericardicentesis.

Further experimentation in heart-puncture for the relief of cardiac distension and pulmonary engorgement is requisite, but it is probable that it will soon become a well-recognized surgical procedure in selected cases. Pericardicentesis has already taken that position, and there is no reason to believe that cardiac surgery will stop its march with the demonstration that the pericardium can be treated as the pleura.

In October, 1881, I read a paper before the Anatomical and Surgical Society of Brooklyn (The Surgery of the Pericardium; Annals of Anatomy and Surgery), in which I advised resection of costal cartilage and incision of the pericardium for the removal of foreign bodies in the pericardial sac, and at the same time said, "The time may possibly come when wounds of the heart itself will be treated by pericardial incision to allow extraction of clots, and perhaps to suture the cardiac muscle."

It seems as if this time had now almost arrived, for Dr. Block has not only expressed the belief that death can be averted in many cases of heart-wounds by simple incision of the pericardium, to allow escape or extraction of the clots which cause pressure and death, but has also undertaken to demonstrate by vivisectal experiments that suture of the heart is a simple operation, and requires but three or four minutes. (American Journal of the Medical Sciences, from *Journal de Méd. de Paris*, from *Gaz. Méd. de Strasburg.*) He finds that opening of the right and left ventricles, and entire compression of the heart for the application of sutures, can be supported by rabbits for several minutes. During suturing he seizes the apex of the heart and draws the organ forward until the traction prevents the escape of blood from the wound. Sutures are then introduced, or the orifice closed by ligation. Even if cardiac pulsation and the respiration stop during this mechanical interference with the heart's movement, death, he asserts, does not necessarily ensue.

These experiments are even more important than the researches spoken of in regard to heart-puncture. I regret that as yet I have not been able to consult Dr. Block's original memoir, but I hope at a future time to do so, and perhaps to be able to report some investigations of my own which I desire to make in the same direction.

PHILADELPHIA, PA.

Miscellany.

CONCERNING OURSELVES.—Of numerous kindly expressions recently noted in our exchanges, we quote the following just received.

From the Medical Age (Detroit):

The Louisville Medical News, an old favorite, comes to us at the opening of the year clad in a new dress and increased in size to sixteen pages each week. We are glad to note this evidence of prosperity, for it is meet, the News being worthy of the cordial support of the profession. May its shadow never grow less.

The Medical Chronicle (Baltimore) says:

The Louisville Medical News has been enlarged, and shows its old sprightliness in its editorial columns.

The Sanitarian (New York) says:

The Louisville Medical News welcomes the new year without gloves; has laid off its outer garment—its cover. The true inwardness of the News is never hard to get at, for it has a right good way of speaking out on all subjects of interest to the medical practitioner, and is characterized by a freshness which is the envy of all its fellows. It has the happy faculty of always being *au courant*, and he who reads it is likely to be well up in medicine. It is a weekly.

OLEIC ACID AND THE OLEATES. — Oleic acid is a product of the manufacture of stearine candles. It has the consistency of a thin oil, has the color of pale sherry wine, a faint, peculiar odor and taste, specific gravity .900, combining weight 282. When applied to the skin it wets it like water, and is almost immediately absorbed.

The oleates of the alkaloids are made by rubbing the alkaloid (not the salt) to a powder in a mortar, and then adding the acid, with trituration, until it is dissolved, when the solution should be poured into a bottle, the mortar and pestle rinsed with fresh acid into the bottle, and enough acid added to make the desired percentage. Oleates should be freshly made. As they are seldom used of full strength, they should be diluted with oleic acid. They are for external use only, although the oleate of quinia may be available for hypodermic use. On being applied to the skin the surface should be covered with oiled silk or rubber tissue. Absorption is usually complete in half an hour.

Oleate of Atropia. Two-per-cent strength. Should be used as an application to painful joints, or wherever a belladonna plaster would be applicable. A drop or two would be sufficient for a single application.

Oleate of Morphia. Five-per-cent strength. This is especially valuable in the case of infants and children, as five or ten drops can be easily applied to the inside of the thighs or the abdomen. Each drop contains about one twentieth of a grain of morphia.

Oleate of Quinia. Twenty-five-per-cent strength. Can be used where it is important to save the stomach. As one or two fluid drams constitute the dose, and as this is too much to apply directly to the skin without its running, it is advised to use pieces of old muslin, six or eight inches square. Such pieces will take up half a dram of the oleate, and can then be applied to the abdomen and inside of the thighs, under oiled silk. As absorption takes place fresh oleate can be added.

Oleate of Mercury. Of twenty-per-cent strength. Is made by putting the yellow oxide and the acid together *in the cold*, and waiting until solution takes place, stirring occasionally. It is a soft solid, like very soft butter. This oleate is the best known of all, and its uses and applications too generally known to need repetition here. Suffice it to say that by its epidermic use the most prompt, the best, and the most easily controlled mercurial impression can be obtained, whereby a remedy often dangerous is rendered, under proper skill and care, comparatively harmless or altogether beneficent in a very large number of cases which can not be very successfully treated without mercurials. This oleate can be diluted with olive oil, or better with oleic acid.—*Condensed from Squibb's Ephemeris.*

DISINFECTANTS—BLUESTONE.—It is well understood by chemists that bleaching agents are usually good disinfectants; that which can so disturb an organic compound as to destroy its color is capable of either arresting or completing the decompositions that produce vile odors and nourish the organic germs of ferments which usually accompany or, as some affirm, cause them. Sulphurous acid is, next to hypochlorous acid, one of the most effective bleaching agents within easy reach. (Medical Press.) Chlorine and hypochlorous acid, which is still more effective than chlorine itself, act in the opposite way, so do the permanganates, such as Condy's fluid, etc. They supply oxygen in the presence of water. It is curious that opposite actions should produce like results. These disinfectants are, however, objectionable on account of their odors and their corrosive action upon metals; but the desired

end may be attained without these annoyances. Sulphate of copper, which is not patented or "brought out" by a limited company, may be bought at its fair retail value of 6d. or less per pound (the oil-shop name for it is "blue vitriol"), in crystals readily soluble in water. By simply mopping the floor with a solution of these green crystals, and allowing it to soak well into the pores of the wood, they cease to become a habitat for specific poisons. The solution of sulphate should not be put into iron or zinc vessels, as it rapidly corrodes them and deposits a non-adherent film of copper. It will even disintegrate common earthenware by penetrating the glaze and crystallizing within the pores of the ware, but this is the work of time (weeks or months). Stoneware resists this, and wooden buckets may be used safely.

SCHMIDT VS. THE BACILLUS.—The long-looked-for and much-announced paper by Schmidt, of New Orleans, in which he was to show that Koch did not know the difference between a bacillus and a fat crystal, has at last arrived, being the leading article in the December issue of the Chicago Medical Journal and Examiner.

After a careful reading of the paper we are obliged to confess that Dr. S. has most signally failed in his attempted demonstration. He figures plenty of fat crystals, about whose identity there can be no matter of question, but he nowhere shows that these are what Koch and others have called *bacilli.* Bacilli are entirely different in size and shape from these crystals, while their response to color-tests is equally conclusive of their lack of identity. The existence of the bacillus can not be denied, but there is abundant opportunity for investigation into its pathological significance,—*Columbus (O.) Medical Journal.*

INEBRIETY.—Dr. T. D. Crothers, in the Alienist and Neurologist, thus summarizes an interesting study of inebriety and the underlying nervous phenomena: (1) Neuratrophia and neurasthenia are conditions of the brain and nerves which strongly predispose to inebriety by preparing the soil and germ forces, which, from the slightest exciting causes, develop inebriety. (2) Alcohol, as a remedy for these conditions of neuratrophia, is a narcotic of most seductive power, which not only hushes the pain, but increases the very degenerations for which it is taken. (3) A recognition of neuratrophia as an active cause of inebriety will give clear indications of the prognosis and treatment. (4) Inebriety and its treatment can not be understood except from an accurate clinical study of cases, extending back and covering all the history of the person before inebriety appeared, including all conditions which have been formative and entered into his life.

THE NEW YORK MEDICAL SERIALS.—The recent expansion lengthwise of several of our New York contemporaries is one of the notable events of the opening year. The New York Medical Journal has developed from a short and fat monthly into a long and thin weekly. The American Medical Weekly has also expanded in its various dimensions, but it has been reserved for the New York Medical Record to exfoliate into the most lengthy folio of all. If the secret history of this rapid growth could be divulged, as originally designed and mysteriously secreted until its consummation in the mental recesses of competitive publishers, it would be interesting to note how anxiously each must have watched for the increment of paper promised by the others, in sanguine expectation that something more imposing might still be evolved. Possibly these journals are only in a transition state, and blanket sheets may be evolved in the near future.—*College and Clinical Record.*

THE PAINLESSNESS OF DEATH.—It has long been taught by physiologists that the term "agony of death" misrepresents the mental condition at the moment of dissolution. The facial expressions often indicate distress, but it is well known that muscular contractions continue long after the sensorium has ceased to recognize impressions. An exchange remarks: At birth the babe undergoes an ordeal that, were he conscious, would be more trying than the most painful death, yet he feels it not. Born in an unconscious state, the brain incapable of receiving conscious impressions, his entrance into this hitherto unknown world is accomplished during a state of oblivion known as Nature's anesthesia:

> "Painless we come, whence we know not—
> Painlessly we go, whither we know not!"

BEFORE HIS TIME.—A medical man practicing in Dantzic recently undertook the resection of the lung of a young female patient, with the consent of her parents. (British Medical Journal.) The *St. Petersburger*

Medicinische Wochenschrift understands that, through the denunciation of two colleagues, the case, which ended fatally, will be made the subject of judicial inquiry; all parties, however, appear to admit that the attempt of the surgeon was made in perfect good faith, and in the full belief that it gave the patient a chance of recovery from otherwise incurable lung disease. Was the surgeon's conduct simply foolhardy and entirely reprehensible, or was he, on the other hand, before his time? It is by no means impossible, judging from analogies that abound in scientific literature and biography, that works may appear, one century hence, treating of resection of the entire lung as a recognized operation, and recording how, in the nineteenth century, the first pneumotomist got into trouble. Some, though not the majority of innovators, live to see their views and their practices established. In any case, full inquiry and fuller details of the Dantzic operation are imperatively demanded.

PROF. TYNDALL is lecturing at the Royal Institution in London on "Light and the Eye." We doubt if any popular lecturer on scientific topics can combine so much simplicity with technical knowledge as does Professor Tyndall. The subject mentioned will furnish a most attractive theme for the exhibition of his great powers as a lec turer.

A LARGE BRAIN.—Sixty-two and a-half ounces of brain belonged to a late Leadville, Colorado, gambler, who betrayed no greater excess of greatness than belonged to the Louisville, Ky., baker, who died some years ago, with a brain larger than Webster's, Cuvier's or Abercrombie's.—*Alienist and Neurologist.*

OFFICIAL LIST OF CHANGES of stations and duties of medical officers of the U. S. Marine Hospital Service, October 1 to December 31, 1882:

Bailhache, P. H., Surgeon. Present detail continued until further orders, October 6, 1882. To proceed to Louisville, Ky., as Inspector, October 13, 1882. Granted leave of absence for thirty days, November 10, 1882.

Vansant, John, Surgeon. Granted leave of absence for twen'y days, November 18, 1882.

Hutton, W. H. H., Surgeon. To proceed to Louisville, Ky , and assume charge of the Service, October 7 and 14, 1882.

Miller, T. W., Surgeon. To continue at present station until further orders, October 6, 1882.

Long, W. H., Surgeon. To proceed to Detroit, Mich., and assume charge of the Service, October 7 and 14, 1882.

Wyman, Walter. To inspect keepers and crews of the Life-saving Service, October 5, 1882.

Murray, R. D., Surgeon. Having returned from service in the yellow fever epidemic in Texas, to report in person to the Surgeon General, M. H. S, December 4, 1882. Granted leave of absence until February 28, 1883, December 19, 1882.

Fessenden, C. S. D., Surgeon. To proceed to St. Louis, Mo., and assume charge of the Service, October 7, 1882.

Purviance, George, Surgeon. To inspect keepers and crews of the Life-saving Service, October 21, 1882.

Sawtelle, H. W., Surgeon. To proceed to New York, N. Y., and assume charge of the Service, October 7, 1882.

Austin, H. W., Surgeon. To inspect keepers and crews of the Life-saving Service, October 5, 1882.

Fisher, J. C., Passed Assistant Surgeon. Present detail continued until further orders, October 6, 1882. To proceed to Alexandria, Va., as Inspector, October 21, 1882.

Heath, W. H., Passed Assistant Surgeon. Granted leave of absence for fourteen days, December 28, 1882.

Porter, F. D., Passed Assistant Surgeon. To inspect keepers and crews of the Live-saving Service, October 5, 1882. To proceed to Evansville, Ind., for temporary duty, November 21, 1882. To proceed to Charleston, S. C., and assume charge of the Service, December 21, 1882.

O'Connor, F. J., Assistant Surgeon. To proceed to Norfolk, Va., for temporary duty, October 14, 1882. To rejoin his station (Detroit), November 4, 1882.

Wheeler, W. A., Assistant Surgeon. Relieved of duty at Charleston, S. C., and placed on waiting orders, December 22, 1882.

Armstrong, S. T, Assistant Surgeon. To examine keepers and crews of the Life-saving Service, October 5, 1882.

Bennett, P. H., Assistant Surgeon. To examine keepers and crews of the Life-saving Service, October 5, 1882.

Ames, R. P. M., Assistant Surgeon. Granted leave of absence for twenty-one days, November 23, 1882.

Devan, S. C., Assistant Surgeon. To examine keepers and crews of the Life-saving Service, October 13, 1882. To inspect unserviceable property at the San Francisco Marine Hospital, October 20, 1882.

Kalloch, P. C., Assistant Surgeon. To inspect keepers and crews of the Life-saving Service, October 5, 1882.

FROZEN STIFFS —The professors of anatomy in the Royal College of Surgeons in Ireland—Profs. Thornley, Stoker, and Cunningham—have taken advantage of the recent severe weather, and have made a large number of sections of the frozen human body, says the London Medical Press.

[If architecture is frozen music, as has been said, then may we not claim that congealed cadavers are crystallized anatomy?]

The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

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MEDICAL EDUCATION IN BALTIMORE.

Baltimore is the seat of the Johns Hopkins University, which has kept the professional public in a state of uneasy expectation concerning the plan of the medical department for several years past. So much has been written and said of the advanced position which this institution will assume in this regard, and so little has actually been done during all these years, that professional expectancy has begun to settle down into indifference. Indeed, the authorities of this institution have been so extremely deliberate in the execution of their plans that the members of the profession have long since begun to doubt if the medical department is intended for the present generation. Its means, however, are immense, and its possibilities grand; and it is to be hoped that it will yet do a great work in medical education in America. The present generation of American physicians is thoroughly realistic, and is convinced more by demonstrative evidence than otherwise. In the mean time the University of Maryland and the College of Physicians and Surgeons are pursuing the even tenor of their way, coming up to the advancing standard of our system of education, with classes not large, but goodly in number and appreciative in character. But it is reserved for another institution in Baltimore to present something unique and remarkable among its special claims for favor and patronage. Its announcement begins with this clause: "The Baltimore Medical College is a Christian medical school for the medical education of both sexes." While the utmost respect is paid to modern religious belief of all creeds and sects in medical institutions, it is interesting to wonder at this distance what are the distinguishing features of this institution which announces itself as set apart from other colleges and claiming to be a "Christian Medical School." We first thought this high claim to virtue must refer to uniform and unvarying rates of tuition; and then we wondered if its chairs were filled with teachers not occupying at the same time positions in other medical colleges. The day is past when we would consider the matter of two graduating courses in one year. And then we wondered if it meant to emphasize the fact that patients were present at the regular clinical lectures. While in the midst of this study, and following out these various suggestive probabilities, we received the February number of our esteemed contemporary, the Medical Chronicle, of Baltimore, in which we find this note: "We take great pleasure in announcing the definite withdrawal of Dr. Jos. T. Smith from the Chair of Anatomy in the Baltimore Medical College. The remaining members of the Faculty of that institution must be getting awfully lonesome."

We would have the kindly reader note, when he reads of post-graduate schools, polyclinics, "Christian Medical Schools," etc. that it is not the West or South which furnishes the anomalies and curiosities in American medical education.

THE PROPOSED JOURNAL.

The Board of Trustees appointed by the American Medical Association with a view to journalizing the Transactions of the Association met at the Grand Pacific Hotel in

Chicago on the 17th ultimo. This board has been energetically engaged in forwarding the work with which it is intrusted since the last session of the Association at St. Paul. The recent meeting of the board was held for the discussion and decision of the most vital and important details looking to the establishment of a weekly journal to be known as the Journal of the American Medical Association.

We learn that the response of the profession to the recent circular issued by the board was very encouraging, and will justify the establishment of the journal by the national association. It is quite probable that Chicago will be selected as the place of publication, and the journal will doubtless be issued immediately after the next meeting of the association. The all-important matter of an editor, his duties, and his staff, was discussed in detail, but, it is understood, was not positively determined. In the meantime, every one interested in this enterprise—and what American physician is not?—should write a postal card to the chairman of the board, Dr. N. S. Davis, 65 Randolph Street, Chicago, and indicate his willingness to support a work of national character and infinite possibilities.

AMERICAN ENERGY.

Mr. Seymour Hayden, a well-known English surgeon, during his recent visit to this country, made the following remarks concerning the prominent American characteristics in the course of a speech at the Lotos Club in New York:

Strange to say, that very reputation for energy which has been found fault with by Herbert Spencer has been a great attraction for me, in the visit which I am now paying you. I only wish that we had a great deal more of it on our side of the Atlantic. I disagree *in toto* with Mr. Herbert Spencer. It has been my business and my pleasure to see the effect of work, and to judge of it, and I can honestly say that I never saw, in all my professional career, the least injury to life or health result from what Mr. Spencer calls overwork. Only the other day, just before I left England, I was met in consultation by one of the most eminent physicians in London, Sir William Gull. The case before us was that of a man who was said to be suffering from overwork. I asked Sir William Gull if he had ever met with a case of mischief or injury arising from this cause, and he said he had not. So for once, at least, the doctors agreed.

THE LOUISIANA STATE BOARD OF HEALTH, an organization singularly cranky and combative, has recently attempted to suppress the Auxiliary Sanitary Association of New Orleans. This latter organization has done brilliant service in the protection of New Orleans from epidemic visitations, and, in the trying times of yellow-fever prevalence, acted in concert with the National Board. The Louisiana State Board can scarcely be said to have the confidence of either the profession or the public in Louisiana. Its policy is one that is sure to end sooner or later in disaster.

THE MEDICAL REGISTER of Philadelphia, which is devoted exclusively to matters connected with the literature of medicine, says: "The Homeopathic Pharmacopeia, recently published by Messrs. Boericke & Tafel, has been suppressed by the courts after a short suit, in which it was proved that it had in great part been stolen from the United States and National Dispensatories."

BALTIMORE has been visited by an epidemic of smallpox, which has grown to alarming proportions. Five students of the two medical colleges there have been attacked by the disease. Two of these have died, and the others are progressing well toward recovery.

A SCHOOL OF PHARMACY has been established in Louisville, in connection with the Polytechnic Society of Kentucky, which is to be devoted to the education of women in practical pharmacy.

Bibliography.

CHAPTERS FROM THE REPORT OF THE YELLOW-FEVER COMMISSION OF 1878. By S. M. Bemiss, M.D., Professor of the Theory and Practice of Medicine and Clinical Medicine in the University of Louisiana, Member of the National Board of Health, etc. Reprint from the New Orleans Med. and Surg. Jour.

This pamphlet, of thirty-six pages, demonstrates a thorough familiarity with all that is known concerning yellow fever, and in addition embraces the individual observations of an accomplished practitioner of ripe experience. It may be fairly claimed that no American physician is so eminently qualified to write instructively and authoritatively of the nature, mode of propagation, pathology, clinical phenomena, and treatment of yellow fever as is the author of the brochure before us. Possessed of a philosophic mind by nature; being a clinician with experience in private, hospital, and military practice; a careful, impartial, and painstaking student; having had ample opportunities for studying this particular disease by individual cases as a practitioner, and in groups as a health-officer, and having experienced the disease in his own person, Prof. Bemiss is justly regarded throughout the Southern States as high authority in all that appertains to the nature, treatment, and prevention of yellow fever. This pamphlet is a contribution of permanent value to the literature of the disease, and it is to be hoped that the author will make additional record of his wide experience and extensive studies upon this subject, which has such high claims upon the attention of the pathologist, the practitioner, and the epidemiologist.

THE January number of the Alienist and Neurologist, edited by Dr. C. H. Hughes, of St. Louis, comes to us loaded with fine original papers, which are indeed contributions of permanent value to our literature. The contributors to this number are well known to the profession, and have long since won an authoritative position in psychological medicine. The one hundred and twenty-nine pages of original matter are furnished by both American and foreign writers. The whole gives evidence of energetic and tasteful editorial management, and the typography is excellent. This journal is more properly a special journal for the general practitioner than a journal for the specialist. Every physician interested in the progress of psychiatry and neurology will find this journal replete with instructive material. It is highly creditable to American energy and American science.

ANNUAL ADDRESS BEFORE THE AMERICAN ACADEMY OF MEDICINE, at Philadelphia, October 26, 1882. By Traill Green, A.M., M.D., President of the Academy.

This pamphlet very appropriately deals with the subject of the preparatory education of medical men, and advocates a higher degree of literary and scientific attainments as essential to the successful prosecution of the medical sciences. Dr. Green sketches the origin and progress of the American Academy of Medicine, and presents in clear and concise manner the aims and purposes of the organization. It is a well-written paper, though not scholarly in any distinctive degree, and will be of service in promoting the higher academic instruction of gentlemen preparing for the study of medicine.

THE POPULAR SCIENCE MONTHLY contains an interesting paper by Clara S. Weeks, entitled "Science in the Sick-Room." It is a brochure on nursing the sick, and treats with admirable good sense of all the details of caring for a patient, and the orderly arrangement of the room and its surroundings. It is written in unaffected and pleasing style by one who evidently has practical knowledge of the subject. We wish it could be read in every household in the world.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI at its twenty-fifth annual session, held at Hannibal, Mo., in May, 1882.

This is a handsome pamphlet of two hundred and twenty pages. In addition to the minutes of the meeting, it contains the various essays which were read at this session of the society. To each paper is appended a brief outline of the discussion of the same. This volume gives evidence of much vitality on the part of the society, and the secretary discharged his duties with efficiency and fidelity. We regret that our space will not permit detailed notice of each of these valuable papers. The examination of this collection of excellent essays by able and, in many instances, eminent practitioners confirms our conviction recently expressed that the annual volume of State societies should be discontinued, and the papers and discussions given to the medical press for widespread and prompt distribution.

Obituary.

DR. GEORGE M. BEARD.

This well-known practitioner and author died at his home in New York City, after a brief illness, on Tuesday, the 23d of January, 1883. His illness was so brief and his death so sudden that even his intimate personal friends were startled by the announcement. He is best known to the profession by his writings upon nervous phenomena and nervous diseases. He was connected professionally, as an expert, with the trials of Guiteau and Cadet Whittaker. His contributions to medical literature were able and voluminous, his first literary attempt being a paper on Electricity as a Tonic, written in 1866. From that time until the day of his death he wrote constantly, adding many works of singular merit to medical literature. Among his most important works were, Our Home Physician, published in 1869; two popular treatises entitled respectively Eating and Drinking and Stimulants and Narcotics, 1871; Medical and Surgical Electricity, 1875, with Dr. A. D. Rockwell; Hay Fever, or Summer Catarrh, 1876; in 1877, a monograph on The Scientific Bases of Delusions, being a new theory of Trance and its Bearings on Human Testimony; in 1880, a practical treatise on Nervous Exhaustion; in 1881, a work on Seasickness, and in the same year, American Nervousness, with its Causes and Consequences; in 1882, Psychology of the Salem Witchcraft Excitement and its Practical Application to Events of Our Times. Among his latter writings were a work on Sexual Neurasthenia, the Physiology of Mind-reading, and a host of pamphlets relating to electrology, neurology, and psychology. He also made constant contributions to the North American Review, the Popular Science Monthly, and the Medical Record.

FLOATING KIDNEYS.—Mr. Lawson Tait does not believe in the existence of this condition. He says: "I put the floating kidney theory altogether on one side, because I have never seen such a thing, either in life or in a museum, nor have I met any one who has. In fact, I have no belief in its existence as a pathological incident." An opinion widely in variance with that of a host of competent pathologists and clinicians.

Correspondence.

SYNCHRONOUS DOUBLE AMPUTATION OF BOTH HANDS AND BOTH FEET.

Editors Louisville Medical News:

On the night of January 8, 1875, with a deep snow on the ground, a fierce gale from the north and the mercury at 26° below zero, in the town of Warrensburg, Johnson County, Missouri, Washington V., a woodcutter by occupation, aged 36, unmarried, stout, robust and heavy-set, was coming in from the forest at night-fall, when he encountered some convivial friends, entered a rum-hole, engaged in drinking, and at or near midnight was ejected from the saloon in a state of profound intoxication. The streets were empty and deserted, and in the darkness of this bitter night the inebriated man went reeling toward his home. In the course of his wanderings he fell over an embankment about seven feet high, where he lay till the following morning with the snow-drift for his pillow and the wintry sky for a coverlet.

In the early dawn he was discovered on his hands and knees on the door-steps of a business house on Pine Street, about ten rods from the spot where he had laid all night. He was conscious, partially sobered, but speechless and almost insensible from the cold.

The proprietor, by whom he was found, took him into the store and *set him down by the fire.* At sunrise he was placed between two stout men, and was walked over the frozen ground, a distance of a dozen squares to his mother's house. It is said his feet "rattled on the ground like so many rocks." A disciple of Hahnemann was called to see him, and took charge of the case.

On the 22d of January, this medical luminary declared the case beyond the resources of his skill, advised the friends of the unfortunate man to send for me, and incontinently abandoned the patient. Such was the history of the case, as I learned it on my arrival at the house.

An examination revealed the fact that mortification of both hands and both feet had already taken place. He had also sustained the loss of one ear, and partially that of the other, from the effects of the frost. The vitality of a large surface on the right side of the chest had also been greatly impaired, and was the seat of a low grade of inflammation. The general symptoms were

unfavorable. The tongue was of a brownish hue, red at the tip and edges, and dry. The skin was icterode, dry, and harsh; the urine scanty and high-colored; the pulse 100, irregular and feeble; no appetite; bowels constipated, and the patient rested badly at night.

My predecessor, though a devout worshiper at the shrine of *similia similibus*, etc., had, strange to say, positively forbidden *whisky* and all other *stimulants*, and had, moreover, put the patient upon a *starvation* diet. Here was a case in which *similia*, or "the hair of the same dog," etc., was eminently in place, and so for once, at least, seeing a gleam of light in "similia," I ordered, even at the "eleventh hour," for this patient a good glass of hot whisky punch. I saw at once that the integrity of all the fingers and toes was hopelessly ruined, and that amputation was therefore inevitable.

But, as the line of demarcation was not yet established, and, moreover, as the vital forces were so much below par, with a general derangement of the secretions, I deemed it prudent to put him immediately upon a course of treatment preparatory to any surgical procedure. This treatment consisted of the exhibition of stimulants, tonics, alteratives, and a plain, good, nourishing diet. Mild emollient poultices were applied to the affected parts to promote sloughing and to assist in establishing the line of demarcation.

He had a good nurse—a personal friend—an old army hospital *attaché*, who gave the suffering man the most careful attention, never leaving him day or night.

On the 26th of January, assisted by Drs. Wright, Smith, and Cutter, I proceeded to operate, chloroform having been previously administered by one of the medical gentlemen present.

I then proceeded to remove the feet (Hey's operation), and then the hands, operating, in the latter case, directly through the metacarpo-phalangeal articulations and through the second phalanges of the thumbs. Considerable difficulty was encountered in securing flaps for the operation on the feet, as the greater portion of both soles had lost their vitality. The integument and superficial fascia covering in both os calcis had sloughed off, leaving those bones entirely exposed. I was extremely anxious to save as much tissue in these operations as possible, so as to give this unfortunate man a chance to walk about and feed himself. Perhaps half an hour was consumed in the work. He bore the operations well, and, under a full dose of morphine, slept comfortably the succeeding night.

The subsequent treatment consisted locally of warm water dressings impregnated with carbolic acid, ceratum resinæ spread on patent lint, and finally cerat. simp. Constitutionally, a good, nourishing, but plain and simple diet, with moderate, regular doses of milk punch.

The soles of both feet (what remained of them) ultimately sloughed off, and I had to retrench the os calcis in order to have those bones covered in by granulations. I continued in attendance daily until the 23d of April, with occasional visits until the 31st of May, when he was able to be on the streets by the aid of crutches.

He subsequently recovered, with enough of the thumbs remaining to enable him to use a knife and fork in eating, and by the aid of specially constructed shoes to walk quite well without crutches or a staff.

He is now the proprietor of a peanut stand, where he can be seen any fine day, on the streets of Warrensburg.

The fatal mistake made in this wretched case was at the time of his discovery, on the morning succeeding the catastrophe, that of taking him immediately into a *heated room* and placing him by a *heated stove*. Instead of this had he been at once put into a room without fire, his hands and feet rubbed alternately with snow and a soft woolen cloth, and then dipped into cold water drawn fresh from a well, the patient then placed in a feather-bed and covered with a light flannel blanket, a good stiff glass of brandy and hot water, or the same quantity of "Tom and Jerry" given him, and, finally the temperature of the apartment gradually raised to about 50° this man might have been restored without the loss of his hands and feet. Indeed, from my personal observation of the case, I am led to believe that he would not have lost a finger or a toe entire.

As to the original medical treatment (by our homeopathic friend), I do not suppose it amounted to much either way, except in the needless expense and loss of valuable time to the patient.

When serious injuries are sustained skill in surgery is needed; when a patient is sick then he needs remedies of more therapeutic power than "moon-shine pills," chalk-powders, and infinitesimal dilutions of distilled water.

A. W. REESE, M. D.
WARRENSBURG, MO.

Selections.

SENATOR ON THE HYGIENIC TREATMENT OF ALBUMINURIA.—Professor Senator's utterances on the subject of albuminuria are always well worthy of careful attention, and he recently delivered an address before the Berlin Medical Society (Medical Times and Gazette) upon the Hygienic Treatment of Albuminuria which will be studied with advantage.

In the treatment of the various forms of Bright's disease the symptom albuminuria receives the greatest attention, not because the mere loss of albumen is ever likely seriously to interfere with the nutrition of the body, but rather because it is a means whereby we may test the existence and measure the degree of renal disease. Senator has written and lectured against the notion that serious ill health can result from simple excretion of albumen; he shows how, even in marked cases of albuminuria, the loss of material is hardly ever very great, and might be easily compensated, were that all that was desired, by the use of a somewhat but not largely increased quantity of meat. The chaos into which we should be thrown in regard to our knowledge of renal disease, had we no such guide as albumen in the urine affords, is set forth by Senator. Another ground for insisting on the importance of albuminuria from a point of view of prognosis may be found in the idea that in many cases the separation of the proteid may act as an irritant to the renal tissue. We do not know this for certain as regards the ordinary albumen of urine, but Lehmann and Stokvis have proved it for egg albumen. They showed that when some egg albumen is injected into the blood more albumen is excreted by the kidneys than was originally introduced—not of course egg albumen, but the natural proteid bodies of the serum (serum albumen and globulin). It is not improbable also that peptones, and perhaps some of the other derivatives of albumen, are capable of acting as irritants in the same way. The albumen of urine is not quite the same as that of the blood serum; and so it may be that this may likewise act as a foreign body or as a poison to the renal tissue. Turning from these considerations to the treatment of albuminuria, Senator remarked on the general uselessness of drugs in this regard. New remedies are proposed which are attended with no better success than old ones. Tannin and other astringents, fuchsin, pilocarpin, and acids—all have been praised in their turn. Iodide of potassium has seemed to do good in some cases of chronic nephritis, in respect of the albuminuria, but not of the other signs, *e. g.* dropsy and asthmatic attacks, against which we possess powerful remedies. We may very easily deceive ourselves about the value of medicines in acute Bright's disease, and also in the chronic forms of renal affection. The former has an innate tendency to recovery, and the latter of themselves fluctuate so much in their course, from day to day and week to week, that what has been regarded as the effect of a drug really might have been nothing more than a temporary improvement of a spontaneous nature. The value of mere hygiene in the treatment of maladies of the kidneys is instanced (we are following Senator all the time) in the different behavior of the patient's illness under different circumstances. For instance, a case with or without treatment as an out-patient showed no improvement, but when taken into the hospital, with the same treatment, mended rapidly. Having thus thoroughly introduced his subject, the professor next dealt with the individual factors comprised under the term hygienic treatment. Under the question of diet it is very important to ascertain the influences exerted on the albuminuria by the state of the digestion and the kind of food used. With regard to the first of these points, it has been established by recent observations that the process of digestion is attended with an increase in the excretion of albumen in the case of patients already passing albumen, or with a return of that condition when it had passed away; indeed, as Senator has insisted in his work on "Albuminuria in Health and Disease," the full digestion of a large meal in healthy individuals is often attended with transient albuminuria. The practical outcome of this doctrine is that cases of Bright's disease should be fed with small quantities frequently rather than with large meals at long intervals. Much more important, however, is the choice of the diet. The older physicians were aware of this, no doubt, but they were not so accurately aware of it as we are. The experiments of Lehmann and Stokvis have demonstrated how irritating ordinary egg albumen is, not only when injected into the blood, but also when given by the stomach. Total abstinence in the matter of eggs is therefore recommended. But also other proteid bodies, especially meat, should be given in a sparing

manner, the loss of albumen having been shown never to be very great for long together. Senator has observed albuminuria after the excessive use of meat diet. Christison has noted the same from the employment of cheese. Lichtheim has pointed out another danger attached to the use of food rich in proteids—the danger that the formation of much urea may lead to its accumulation in the blood, the diseased kidneys being less able to excrete the products of metabolism than sound ones. Fleischer has proved the same for phosphoric acid; and Senator, by induction, extends the notion to the other end-products of the matabolism of proteid bodies. In consideration of the inability of diseased kidneys to separate out these products of the destruction of proteids, he recommends the use of meat poor in albumen—*e.g.*, veal, young poultry, and *white* flesh generally, including fish. The vegetables with scanty albumen, as greens, salads, fruits, are to be recommended rather than the more fully albuminous peas and such like. Individual cases, however, require individual treatment. The digestion must be taken into consideration, and the use or not of fatty foods will largely depend on the capacity of the patient's digestion for such material.

With regard to drink, it has generally been ruled that alcohol had better be avoided, and Penzoldt has recently shown that ethyl and amyl alcohols may cause nephritis in dogs. Senator advises the rejection of brandy unless there be special indications for it; but he has generally allowed the use of red wine. Beer ought not to be taken. Spices and other strong aromatics and any obvious dietetic error should all be carefully guarded against. Dr. Senator is in favor of a nearly exclusive milk diet; but he shows, by reference to Voit's work on diets, that pure milk does not contain quite the right amount of carbo-hydrates, and therefore recommends the addition of some white bread, or something of that kind: such a "milk-cure" he regards as of high value.

The subject of mineral-water cures is touched upon, and the conclusion that some patients are benefited by saline, some by alkaline-saline waters, whether warm or cold, is arrived at. Bath cures have an undoubted action on the exchange of material, but their chief effect is locally on the skin. Senator then proceeded to speak of the second part of the hygienic treatment, the care of the cutaneous functions. The intimate relation existing between the kidneys and the skin was dilated on, and the fact that Leube had detected albumen in the perspiration was mentioned. The circumstance that the cutaneous tissues become impregnated with saline salts after repeated baths is alluded to as explaining the turgescence and increased perspiration of the skin observed after such treatment. Senator has maintained that strong muscular exercise increases albuminuria; hence the importance of bodily rest. The value of fresh air is not to be lost sight of, and as much physical exertion is contra-indicated, carriage exercise is the proper substitute. The physical aspect of the treatment must also be attended to. Sudden emotion may enhance the excretion of albumen. Menstruation has been observed to augment albuminuria—it need not be said the urine examined was free from the menstrual blood. The explanation of such augmentation may be sought for in local congestion, or there may be an increased exchange of material throughout the body during menstruation. The good effect of a change in climate in kidney disease is to be attributed not only to a change of air and water, but also to other points which have been already mentioned. The southern dry climates are the most advantageous, such as the Riviera or Cairo; and in warmer regions there is this favorable feature, that the diet is not so much animal as vegetable. Where change of clime is not possible, residence in a well-managed, comfortable hospital may stand in good stead.

On Medical Life-Histories.—Great as our advances have been during the last half century, I suppose that all of us will agree that our knowledge of medicine at the present time is painfully deficient. (Dr. F. A. Mahomed in the British Medical Journal.) I say advisedly of medicine, for our advances in surgery have been far more satisfactory. Here we are dealing with more tangible things; surgical diseases are on the surface or within reach; we can see them, handle them, remove them. The physician only obtains outward and visible signs, from which, by an elaborate mental process founded on past experience, he deduces his diagnosis of an inward invisible disease.

Now I would ask you to glance for a moment at the present position of medical science. Our diseases may be roughly divided into three great groups:

1. Acute diseases, with organic changes (including the specific fevers).

2. Chronic diseases, with organic changes.

3. Functional diseases, without organic changes, but often preceding or forewarning of them.

Our knowledge of disease has been obtained almost entirely from hospital experience; from that we have gained much information.

1. With regard to acute diseases, we can recognize their nature, we know their usual course, we can estimate to some extent their severity, we know their special dangers, and we have more or less well-ascertained rules to apply which enable us to guide a patient through them with the least possibility of risk.

Concerning the specific fevers, we know how most of them are propagated, though we still know next to nothing of their ultimate cause. There are three diseases which are more or less specific—by that I mean propagated by germs—of which much less is known, *i. e.* diphtheria, acute pneumonia, and ulcerative endocarditis; the first two of these are being at present investigated by the Collective Investigation Committee. These specific diseases we now class together as preventable, because we recognize their means of propagation, and can therefore, to a large extent, stop their spread among the population. When we have discovered their cause, we shall still more rightly call them preventable.

Another class of acute diseases—such as pleurisy, peritonitis, meningitis, pericarditis, and enteritis—usually occur as an extension of disease from other parts, as the results of injury or of some known blood poison, such as pyemia, rheumatic fever, uremia, or some specific fever; they are rarely primary diseases, more commonly they are complications. They are occasionally the manifestations of some obscure and unknown blood-poison (such as sewer-gas), and from this point of view require much further study; but this aspect of the disease can only be studied in the patient's home, and not in the hospitals to which they are removed; it is therefore a very proper object for collective work.

With regard to other acute diseases—such as bronchitis, nephritis, gastro intestinal catarrh—we have yet much to learn about their causes, and why they should attack some individuals more frequently than others. Many of them are manifestations of what are called "general" or "constitutional" disorders, such as rheumatism and gout. Of the real pathology of these diseases we know next to nothing; most of them appear to be due to disordered function, though they frequently produce chronic organic changes; we have a good deal of loose unformulated knowledge concerning them, but our facts require to be carefully collected, collated, and laid before us in definite shape. How various, and often contradictory, are the opinions held about the pathology and treatment of such a common thing as gout. No more valuable work could be undertaken than that of defining our knowledge on these subjects. Our committee has already commenced on one of them, and we may hope in the near future to take up others.

2. We next come to the great class of chronic organic diseases. The advance of our knowledge concerning them has been enormous; but to what has it brought us? We now have the means of diagnosing most cases of advanced organic disease. That is to say, if our patient has a greatly cirrhosed liver, an advanced disease of his kidney, an extensive disease of his lung, a generally irrevocable disease of his brain or spinal cord, it is our privilege to inform him of the fact. We may perhaps advise him how to live, that he may prolong his life to the utmost; but, if he asks us to cure his disease, we have to tell him that that is now impossible. But these chronic organic diseases do not come in a day; the health of such a patient must have been for long impaired; the disease must have been preceded by characteristic minor ailments or functional disorders; and, if we could have recognized their meaning, we should have been able to foretell what would happen, and by changing the habits of life or the environment of the patient, and possibly by the help of other remedies, we might have been able to arrest its course or entirely have prevented it. Our efforts in this direction would be greatly aided by an accurate knowledge of the individual's family history, and of his past illnesses. To obtain a systematic record of these details for all our patients must be one of our future objects. Such records as these will afford us knowledge that will enable us to practice preventive medicine in relation to this, the largest and most fatal group of all diseases which come under our observation—the chronic organic diseases. At present we are almost powerless in their presence, though so frequently asked to fight with them for the lives of those who intrust themselves to our care.

The hospitals have done their share to

help us; it now remains for the practitioners of medicine, who see the beginnings of disease, to do theirs; and to unite together to watch and record the life-histories of diseases; for it is the practitioners who first see the little leaks, which will expand till they sink the ship.

3. Concerning our third class, that of functional diseases, we know scarcely any thing. They are rarely seen in hospitals, except among the out-patients, where they can not be studied; here they pass before us, their past unknown, their future untraceable. All that we know concerning these diseases is some more or less satisfactory experience as to their empirical treatment. It is true that many careful observers, after long experience, may have detected certain relationships of these minor ailments to more grave diseases; they may have known them as marking a family predisposition or an acquired vicious habit; but such observations as these require a lifetime to make them when they are limited to the experience of an individual; and, although the mental note may have been made, the permanent record in black and white has been omitted—so that if the observer records any thing, he records only the impressions of a lifetime, but he lacks the accurately detailed facts necessary for the proof and acceptance of a new doctrine.

These observations we now ask of you to unite in making; and the best efforts of this association will be given to making the method easy and the labor light. I may say that our committee has in preparation a scheme, which it will shortly bring before you, for encouraging patients to keep carefully prepared records of their lives and of the chief incidents therein, both medical and otherwise. These records would prove of very great value, alike to the patient, to the doctor, and to medical science. From them could be deduced, not only forecasts of disease, but warnings and guides for the conduct and preservation of life. In this scheme we have the assistance of Mr. Francis Galton, whose valuable papers (in the Fortnightly Review of this year) on "Photographic Chronicles" and "Anthropometric Laboratories" shadowed forth the desirability and indeed the necessity of some such scheme. Closely allied with this will assuredly follow certain changes in medical practice, which are at present slowly, but I believe surely, advancing. I mean such a change as that advocated by Dr. W. F. Phillips, of Andover—a system by which we shall be paid to prevent disease; not as at present, called in to cure the incurable. We want to teach our patients how to live, to give them healthy surroundings, and to protect them from unhealthy habits and occupations; then to watch and treat their minor ailments, and so ward off as long as possible grave organic disease.

THE TREATMENT OF INTUSSUSCEPTION.—The discussion on this subject which took place at the last meeting of the Clinical Society was excellent. It traversed the whole field of treatment, and brought out clearly and distinctly the points which should claim attention throughout the whole course of the case in regard to surgical interference. (British Medical Journal.) Mr. Godlee reported three cases of young children upon whom he had performed abdominal section for intussusception, with a successful result in one of the cases.

Mr. G. Brown mentioned a case in which he had attempted abdominal section where it was found impossible to withdraw the invaginated portion from within the encircling bowel, so firmly were the two parts glued together by the advancing peritonitis. This *contretemps* produced a difficulty which no surgeon could desire to face. The patient died six hours subsequently, unrelieved by the operation.

As regards the treatment of early stages of intussusception, Dr. Glover mentioned the happy result in one case in his hands from the administration of extract of belladonna where opium had seemed to be of no avail; but the general consensus of opinion pointed to the early treatment of all cases by inflation and operation, though, as was pointed out, a great distinction must be drawn between cases of simple intussusception, which may last for weeks when the bowel is not strangulated, and those of strangulated intussusception, in which any delay in operating is to be deprecated, since peritonitis is almost certain soon to ensue. The former cases are those most likely to be benefited by inflation and injection of liquid per anum, possibly the two combined, while the patient's abdomen is kept relaxed by the use of an anesthetic. But if the strangulation have lasted for some time, and the symptoms be severe, so that there is reason to fear adhesions have formed or the wall of the bowel become softened by inflammation, inflation or forcible enemata should scarcely then be attempted, as was pointed out by Mr. Bryant and Mr. Marsh, any more

than taxis should be tried in cases of hernia in which the bowel is much inflamed, otherwise the result may be a rending of the intestine, with subsequent certain fatal peritonitis. Should the case be one of severity, and inflation be found valueless, the surgeon should at once have recourse to abdominal section; just as in hernia, when taxis has failed, he directly proceeds to herniotomy. The median line of the abdomen is to be chosen for incision, and the operation should be done with antiseptic precautions. The invaginated bowel may be either withdrawn by gentle traction from the encircling portion, or its withdrawal assisted by pushing up from below, as recommended by Mr. Hutchinson, or the outside layer may be unrolled from off the inner portion, as was done by Mr. Godlee.

Many speakers remarked on the extreme difficulty they had sometimes experienced in returning the distended bowels into the peritoneal cavity after the operation; a difficulty which Mr. Haward had found it impossible in one case to overcome except by puncture of the intestine with a trocar and canula for the withdrawal of gas and liquid, with a subsequent closure of the small opening with a carbolized suture. But in cases in which, as in that detailed by Mr. Brown, the intussuscepted bowel can not be withdrawn, what is to be done? As Dr. Buzzard pointed out, the portion of intestine inclosed goes on to slough and separation, and this is nature's method of cure in the very few cases which struggle on to recovery through the various dangers which beset the patient. Surgeons recommended that nature's method should be imitated as nearly as may be by a bold excision of all the implicated portion of bowel, and a stitching together of the two cut ends. Mr. Howse has already done this in two cases, though as yet without success. To avoid risk of the passage of any fecal material into the peritoneal cavity, he further recommends that a thin sheet of gutta-percha material, with a slit in its center, should be spread before the abdomen, and all the bowel to be operated upon drawn forward through the slit. It may then be treated without fear of fecal contamination of the peritoneum. In certain cases in which the bowel protrudes through the anus Mr. Howse would also remove it bodily from that situation by amputation, securing the cut end by pins. An Italian surgeon has already done this by inadvertence, not knowing what he was taking away, and the patient recovered.

CHEMISTRY OF ACID DYSPEPSIA.—Dr. McNaught read a paper on the Chemistry of Acid Dyspepsia to the Manchester Medical Society. (British Medical Journal.) He showed, from a number of analyses made on matter obtained from his own stomach, when the symptoms of heartburn and acidity were prominent (precautions having been previously taken to abstain for some hours from fats and fleshy foods, which, as they contain lactates and butyrates, were liable to complicate the result), that the excess of acid in the irritative or congestive form of dyspepsia is due to hydrochloric acid. In all cases traces of lactic acid were found; but it never in the highest exceeded one tenth of the free hydrochloric acid, and was generally much less than this. The volatile acids were in extremely small proportions—too small to be estimated quantitatively. These results were confirmed by those obtained from the analysis of vomited matters obtained from a patient. He came to the conclusion that the acidity of irritative or congestive dyspepsia, which occurs generally in individuals whose nutrition is good, and who often present all the appearances of robust health, is due not to fermentation but to excessive secretion. He further showed, from a number of experiments on artificial digestion with milk, that hydrochloric acid is a very powerful preventive of lactic fermentation. Contrary to the experiments of Richel, he found that fresh gastric juice, containing two per cent of hydrochloric acid, might be kept for twenty-four hours at a temperature of 100° without undergoing any considerable acid fermentation. He found, however, that when gastric juice was mixed with milk, if no hydrochloric acid were added, and the acidity were below one gram of hydrochloric acid per liter, fermentation took place much more rapidly, and attained a higher degree of acidity than in milk alone. The deficiency of hydrochloric acid in atonic dyspepsia probably led, by permitting fermentation to take place, to the quantities of acid found in that condition.

PARALYSIS OF THE LEFT HALF OF THE VELUM PALATI.—Dr. Walter Smith related two cases of paralysis of the left half of the velum palati, and raised the question whether palatine paralysis was invariably to be regarded as a characteristic sequela of diphtheria, or whether it may not occasionally supervene upon non-diphtheritic forms of angina.—*Ibid.*